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CONFIRMATION NO. 1465

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08/902,692		424	1644	16715CIP

APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of PCT/US96/01205 01/30/1996
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** FOREIGN APPLICATIONS *****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **
 12/05/1997

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Verified and Acknowledged	/RONALD B SCHWADRON/ Examiner's Signature	Initials	TX	4	48	4

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 UNITED STATES

TITLE

AUTOGENOUS LYMPHOCYTIC FACTOR FOR MODIFICATION OF T AND B LYMPHOCYTE
 PARAMETERS

FILING FEE RECEIVED 798	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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